

A+++ HRP Care Centre

Registration Form

Name of Doctor In-charge /Owner:

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Registration Number with State medical council

Hospital Name:

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Postal Address:

.....

.....

E-mail:

.....

Phone number (H) Personal:

Details of the Hospital: (Kindly tick as applicable)

Exclusive Maternity Hospital Multispecialty Hospital Corporate Public / Trust Hospital

Is your hospital registered with Local Authority?

Yes No

Is your hospital registered with Local PCPNDT Authority?

Yes No

Are you or health service provider at your centre registered as FOGSI member?

Yes No

Beds in the hospital:

< 5 beds 5 - 15 beds 15 - 25 beds 25 - 50 beds > 50 beds

Average number of deliveries per month

< 5 5 – 15 16 – 30 30 – 50 > 50

Total No. of Beds in the hospital:

Ward	Number of beds
Maternity	
Post-operative care	
Obstetric HDU / OICU	
Total Functional Beds	

Infrastructure & support services available in Hospital? (mark multiple options, if more than one facility is available in the hospital)

- Emergency facility in 24 x 7
- Obstetric OT
- Labour room
- Warmer for Neonates
- Blood bank
- Laboratory /collection centre
- Sonography/Imaging
- Sterilization / CSSD
- Reception and billing
- In house or nearby Pharmacy
- Laundry /Nearby Laundry
- Power back up
- Oxygen supply
- Kitchen / Pantry service
- Safe drinking water
- Air condition in OT, LR and Post – Op room
- Waste disposal system
- Waiting area with public utilities
- Patient Registration
- Legal/Statutory requirements
- Infection control practices including use of disinfectants and hand washing

Status of statutory requirements in Hospital? (mark multiple options, please tick options for which documentary evidence is available)

- NOC from Fire Department
- Registration under CEA
- Local statutory registration
- Pollution Control Board (NOC)
- Registration and certificate for BMWD (Biomedical waste disposal)
- Registration under MTP Act
- Registration in PCNDT Act
- Pharmacy Registration

Human Resource details:

Category	Total number
Doctors	
Nurses (ANM/ GNM / BSc)	
Nurses (Trained / Experienced)	
Other Staffs	
Housekeeping & cleaning Staffs	
Total	

Registration fees: Rupees 30,000/- (Thirty thousand in words) per facility

(Rs 15000/- for online training of Doctors , Rs. 7500/- for Assessment Rs 7500/- for certification and office work)

For the first 30 registrants at Rupees 10,000/- (Ten Thousand in words) per facility

This includes: Online Training, Assessment, Certification, Soft copy of checklists & algorithms

This accreditation will be for three (3) years.

Renewal will be required at every three years.

Fees should be sent to the following account of FOGSI in two instalments of Rs 15000/- (One before training, one after training and before assessment). Please share the screen shot or the details of payment once you make the payment.

Bank Details –

Account name: FOGSI

Account number: 24480100012810

Bank name: Bank of Baroda

IFSC Code: BARBOJACOBC